PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 23 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Transglobal Mortgage
P99-0000-19374
P99-0000-193741

REINSTATEMENT 21-02

2. Principal Office Address	3. Mailing Office Address
5121 EHRLICH RD.	5121 EHRLICH RD.
Suite, Apt. #, etc.: Suite 110B	Suite, Apt. #, etc.: Suite 110B
City & State: TAMPA, FL.	City & State: TAMPA, FL.
Zip: 33624 Country: USA	Zip: 33624 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-26-99

5. FEI Number: 59-3570542 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: Dr. Micheal Rowe

Street Address (P.O. Box Number is Not Acceptable): 5121 EHRLICH RD.

Suite, Apt. #, Etc.: Suite 110

City: TAMPA State: FL Zip Code: 33624

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****908.75 ****908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Michael W Rowe Date: 8/20/02
REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. V.P. Sec. (AW)	Micheal Rowe	5121 EHRLICH RD. Suite 110	TAMPA / FL / 33624

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Michael W Rowe Micheal N. Rowe 8/20/02 # 813-968-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 8/27/02

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION